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CONFIRMATION NO. 4947

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|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/789,387  | <b>FILING or 371(c) DATE</b><br>02/26/2004<br><b>RULE</b>   | <b>CLASS</b><br>375           | <b>GROUP ART UNIT</b><br>2611   | <b>ATTORNEY DOCKET NO.</b><br>042390.P16330 |                                |
| <b>APPLICANTS</b><br>Lei Shao, Seattle, WA;<br>Sumit Roy, Seattle, WA;<br>Sumeet Sandhu, San Jose, CA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/451,110 02/27/2003<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/18/2004 |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /LEON-VIET Q<br>NGUYEN/<br>Acknowledged Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>/LN/<br>Initials  | <b>STATE OR COUNTRY</b><br>WA | <b>SHEETS DRAWINGS</b><br>5   | <b>TOTAL CLAIMS</b><br>22                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>INTEL/BSTZ<br>BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP<br>1279 OAKMEAD PARKWAY<br>SUNNYVALE, CA 94085-4040<br>UNITED STATES   |   |                               |   |   |                                |
| <b>TITLE</b><br>Apparatus and associated methods to introduce diversity in a multicarrier communication channel   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>936   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |